

RIDER A
SPECIFICATIONS OF WORK TO BE PERFORMED

I. AGREEMENT FUNDING SUMMARY

Funds are provided under this Agreement for the provision of services detailed in Section III, Service Specifications/Performance Guidelines, of this Rider. The sources of funds and compliance requirements for this Agreement follow:

A. State General Fund _____

Use of funds shall be in accordance with requirements detailed in the Maine Uniform Accounting and Auditing Practices for Community Agencies (CMR 08-114, Chapter 1); and with the terms of this Agreement.

B. Federal Funds \$ _____

Use of funds shall be in accordance with restrictions contained in the appropriate CFDA; with Federal OMB Circulars A-110, A-122, and A-128; with CMR 08-114, Chapter 1, as applicable; and with the terms of this Agreement.

<input type="checkbox"/>	Social Security Act, Sections 2001, 2005, 2006 (42 U.S.C. 1397) Social Services Block Grant. 93.667	\$ _____
<input type="checkbox"/>	Social Security Act, Sections 501-5009 (42 U.S.C. 701-709) Maternal and Child Health Services Block Grant to States. 93.994	\$ _____
<input type="checkbox"/>	Preventive Health and Health Services Block Grant. 93.991	\$ _____
<input type="checkbox"/>	Other: HIV Prevention Services Grant 93.940	\$ _____

C. Applicable Guidelines and Restrictions

<input checked="" type="checkbox"/>	MAAP - Maine Uniform Accounting and Auditing Practices for Community Agencies, December 28, 1996
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<input type="checkbox"/>	Other:
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II. GENERAL REQUIREMENTS

- A. **Reporting.** The Provider shall submit quarterly financial and performance reports in accordance with the specifications of the Department, according to the following schedule:

Quarterly Fiscal Reports

due 45 days after the close of the quarter with the exception of the final quarterly report which is due 60 days after completion of the agreement period. A budget projection for 4th quarter must accompany the submission of 3rd quarter fiscal report.

Quarterly Program Narrative Reports

due 30 days after the close of each quarter.

Monthly Counseling, Testing and Referral (CTR) Data Reports

due 10 days after the close of each quarter.

Agreement Closeout Report

due 60 days after completion of agreement period.

The Provider understands that the reports are due within the timeframes established and that the Department will not make subsequent payment installments under this Agreement until such reports are received, reviewed and accepted.

Additionally, in cases of the Provider's non-compliance with these reporting requirements, as applicable the Department may contact the Department of Health and Human Services', Bureau of Medical Services to request suspension of MaineCare payments until the problem is resolved.

The Provider further agrees to submit such other data and reports as may be requested by the Agreement Administrator. The Provider shall submit all data and reports to the Department in accordance with 34-B M.R.S.A. §1207 and in accordance with Section 6 of Rider B of this Agreement.

III. SERVICE SPECIFICATIONS AND PERFORMANCE GUIDELINES

The contractor, as recipient of funds for HIV prevention services, shall ensure:

1. There is sufficient organizational commitment to support the program;
2. There is sufficient organizational capacity to implement/maintain the program;
3. The organization has the policies and procedures in place, necessary to effectively implement interventions.
4. The organization follows the policies, procedures and rules of the HIV prevention program and DHHS.
5. The program offers adequate training, supervision, evaluation, and support to staff for carrying out the interventions.

6. Program managers/supervisors demonstrate the ability to respond to the changing needs of the program/population.
7. The program has the linkages, formal and informal, necessary to carry out the interventions.
8. Services and activities are appropriate, understandable and acceptable for the specific populations served.
9. Program managers/supervisors attendance at regularly scheduled HIV prevention service provider meetings when called by the department.
10. Prevention programs have a method and process to gather input from the population/community funded to serve. This information will be made available to the HIV prevention program as requested.
11. Program will participate in all needs assessment related activities and other related activities including community planning as requested.
12. The program will participate in a yearly site visit conducted by the HIV Prevention Program

Performance goals for each DHHS service area are not negotiable. A work group developed them with representation from the department, HIV prevention service provider agencies and consumers overseen by a DHHS steering committee. The goal of HIV services reflects the goal for the national HIV program established by the Centers for Disease Control and Prevention (CDC). They are:

Performance Goal #1: The health of all Maine people will be improved by promoting behaviors, attitudes, skills, community norms and/or knowledge that reduce the risk of HIV infection.

Performance Goal #2: HIV infected persons in Maine will have reduced morbidity and mortality through increased access to early medical intervention.